

**BUREAU OF AUTOMOTIVE REPAIR**

10240 SYSTEMS PARKWAY, SACRAMENTO, CA 95827

PHONE: (916) 255-4484

**New/Used Car Dealer Request for Basic Inspection Form**

<i>New/Used Car Dealer Information</i>		
Dealer Name:	DMV Dealer License #:	
Address:	City:	Zip Code:
Phone Number:	Dealer Representative Name (Please Print)	
I certify under penalty of perjury that this vehicle is in the possession of the dealership named above and is for sale to the public.  Signature_____		Date:

<i>Vehicle Information</i> (to be filled out by dealer)			
License Plate#		VIN:	
Year:	Make:	Model:	Mileage:

<i>Gross Polluter Certification Station/Referee Center Information</i> (or authorized Gold Shield Dealerships)	
Station Name:	Station License #:
Technician Number:	Technician Name (Please Print)
Attach this form to station's copy of VIR and retain for 3 years.  Technician Signature_____	Date: